



PLAINTIFF'S TRIAL EXHIBIT 23
NOTICE OF APPEARANCE OF ATTORNEY
DATED 01/98 [747]

Name of Person(s):	
Last: BORGES	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Beneficiary <input type="checkbox"/>
Apt. No.: 3B	(Number & Street) (City) (State) (ZIP Code) 161 East 12 Street New York New York 10010
First Name: LAMARCA-BORGES	
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) same as beneficiary	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary <input type="checkbox"/>
Check Applicable Item(s) below:	
<input checked="" type="checkbox"/> 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia COURT OF APPEALS OF THE CITY AND STATE OF NEW YORK and am not under a (Name of Court) court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.	
<input type="checkbox"/> 2. I am an accredited representative of the following-named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:	
<input type="checkbox"/> 3. I am associated with _____ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2, whichever is appropriate.)	
<input type="checkbox"/> 4. Others (Explain fully.)	
SIGNATURE 	COMPLETE ADDRESS P.O. Box 7806 - FDR Station, New York, NY 10150-1915
NAME (Type or Print) Alfred P. Placeres, Esq.	TELEPHONE NUMBER (212) 316-2373
PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING-NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: Alfred P. Placeres, Esq. (Name of Attorney or Representative)	
THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:	
NAME OF PERSON CONSENTING Jolie LAMARCA-BORGES	SIGNATURE OF PERSON CONSENTING 
DATE 01/98	
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)	

Form G-28
(Rev. 10-25-79)

(OVER)

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service



000004

In re

PLAINTIFF'S TRIAL EXHIBIT 24
NOTICE OF APPEARANCE OF ATTORNEY


DATED 01/98 [748]

I here
named person(s):

NAME	Jose A. Borges				<input type="checkbox"/> Petitioner	<input checked="" type="checkbox"/> Applicant
ADDRESS (Apt. No.)	(Number & Street)	(City)	(State)	(ZIP Code)	<input type="checkbox"/> Beneficiary	<input type="checkbox"/>
3B	161 East 22 Street.	New York	NY	10010		
NAME					<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
ADDRESS (Apt. No.)	(Number & Street)	(City)	(State)	(ZIP Code)	<input type="checkbox"/> Beneficiary	<input type="checkbox"/>

Check Applicable Item(s) below:

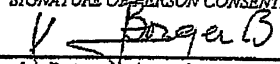
- ☒ 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia
COURT OF APPEALS OF THE CITY AND STATE OF NEW YORK and am not under a
(Name of Court)
court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
- ☐ 2. I am an accredited representative of the following-named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
- ☐ 3. I am associated with _____ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2, whichever is appropriate.)
- ☐ 4. Others (Explain fully.)

SIGNATURE	COMPLETE ADDRESS
	P. O. Box 7806 - FDR Station, New York, New York 10150-1915
NAME (Type or Print) Alfred P. Placeres, Esq.	TELEPHONE NUMBER (212) 316-2373

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING-NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: Alfred P. Placeres, Esq.

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:

NAME OF PERSON CONSENTING	SIGNATURE OF PERSON CONSENTING	DATE
Jose Borges		1/20/98

NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

Form G-28
Rev. 10-25-79)N

(OVER)

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service



000026

PLAINTIFF'S TRIAL EXHIBIT 25
NOTICE OF APPEARANCE OF ATTORNEY

DATED 4/25/98 [749]

NAME					<input type="checkbox"/> Petitioner	<input checked="" type="checkbox"/> Applicant
Jose A. Borges					<input type="checkbox"/> Beneficiary	<input type="checkbox"/>
ADDRESS	(Apt. No.)	(Number & Street)	(City)	(State)	(ZIP Code)	
	3B	161 East 22 Street.	New York	NY	10010	
NAME					<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
					<input type="checkbox"/> Beneficiary	<input type="checkbox"/>
ADDRESS	(Apt. No.)	(Number & Street)	(City)	(State)	(ZIP Code)	

Check Applicable Item(s) below:

☒ 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia

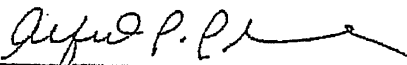
COURT OF APPEALS OF THE CITY AND STATE OF NEW YORK and am not under a
(Name of Court)

court or administrative agency order suspending, enjoining, restraining, disbarring, or otherwise restricting me in practicing law.

☐ 2. I am an accredited representative of the following-named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:

☐ 3. I am associated with _____
the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2, whichever is appropriate.)

☐ 4. Others (Explain fully.)

SIGNATURE 	COMPLETE ADDRESS P. O. Box 7806 - FDR Station, New York, New York 10150-1915
NAME (Type or Print) Alfred P. Placeres, Esq.	TELEPHONE NUMBER (212) 316-2873

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING-NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: Alfred P. Placeres, Esq.

(Name of Attorney or Representative)

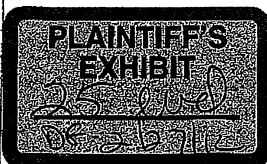
THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:

NAME OF PERSON CONSENTING	SIGNATURE OF PERSON CONSENTING	DATE
Jose Borges	<i>[Signature]</i>	April 25, 1998
NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)		

From: C-28
Re: 10-25-79)N

(OVER)

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service



000031

PLAINTIFF'S TRIAL EXHIBIT 21

ADJUSTMENT OF STATUS APPLICATION, DATED 01/98

ST Par [741-743]		
Name BORGES	Given Name Jose	Middle Initial A
Address 161 East 22 Street New York New York Zip Code 10010		
Date of Birth (month/day/year) 03/23/70		Country of Birth Venezuela
Social Security # None		A # (if any) None
Date of Last Arrival (month/day/year) 01/98		I-94 #
Current INS Status pending		Expires on (month/day/year)

Part 2. Application Type. (check one)

I am applying for adjustment to permanent resident status because:

- a. ☒ an immigrant petition giving me an immediately available immigrant visa number has been approved (attach a copy of the approval notice), or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application will give me an immediately available visa number if approved.
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e) (attach a copy of the fiancé(e) petition approval notice and the marriage certificate).
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- g. ☐ I have continuously resided in the U.S. since before January 1, 1972.
- h. ☐ Other-explain _____

I am ready a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a permanent resident, or as of May 2, 1964, whichever is later, and: (Check one)

- ☐ I am a native or citizen of Cuba and meet the description in (e), above.
- ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.



Continued on back

Resubmitted
Reloc Sent
Reloc Rec'd
<input type="checkbox"/> Applicant interviewed
Section of Law <input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 1 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other _____
Country Chargeable
Eligibility Under Sec. 245 <input type="checkbox"/> Approved Visa Petition <input type="checkbox"/> Dependent of Principal Alien <input type="checkbox"/> Special Immigrant <input type="checkbox"/> Other _____
Preference
Action Block
To Be Completed by Attorney or Representative, if any <input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant
VOLAG#
ATTY State License #

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4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

Under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I request the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am applying for.

Signature	Print Your Name	Date	Daytime Phone Number
<i>Jose B</i>	Jose Antonio BORGES	01/98	

Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

Part 5. Signature of person preparing form if other than above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date	Day time Phone Number
<i>Alfred P. Placeres</i>	Alfred P. Placeres, Esq.	01/98	

Firm Name and Address: P.O. Box 7806 - FDR Station, New York, NY 10150-1915

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